

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS ALASKA 1999 TABLES

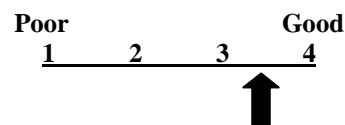
Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Alaska Data Comments

Diagnosis Codes: Diagnosis codes were not included on most inpatient and long-term care crossover claims, or on some outpatient crossover claims, which may contribute to the low identification rate (7 percent) of mental illness among aged beneficiaries.

Enrollment: Enrollment was not consistently reported across months within each quarter. Since these tables exclude services provided during months where no enrollment was reported, Alaska utilization and expenditures may be understated.

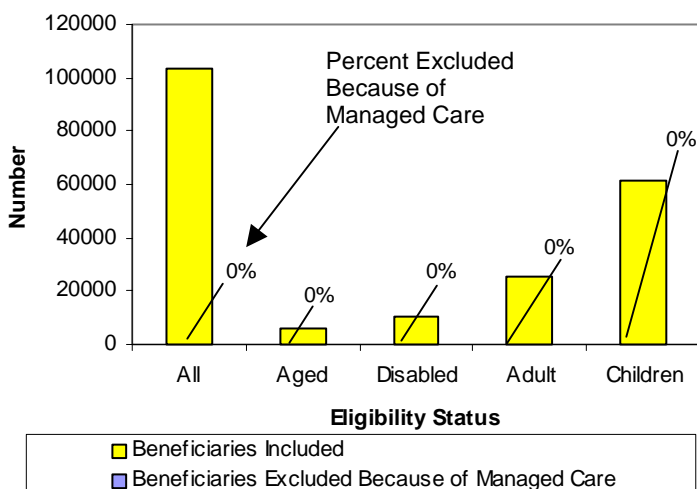
ALASKA DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS

Percent of Beneficiaries Excluded in Alaska by Eligibility Group



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Alaska's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
ALASKA, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	103,789	100%	103,789	100%	\$414,742,031	100%	\$386,933,823	93%
Age								
0-3	17,772	17%	17,772	100%	\$49,023,333	12%	\$45,045,135	92%
4-5	7,309	7%	7,309	100%	\$9,885,218	2%	\$9,238,968	93%
6-12	23,935	23%	23,935	100%	\$44,017,687	11%	\$41,201,005	94%
13-18	14,913	14%	14,913	100%	\$53,667,928	13%	\$49,590,244	92%
19-21	3,956	4%	3,956	100%	\$14,088,328	3%	\$12,080,683	86%
22-44	22,745	22%	22,745	100%	\$111,302,734	27%	\$102,058,126	92%
45-64	6,759	7%	6,759	100%	\$61,881,538	15%	\$59,643,589	96%
65 and older	6,399	6%	6,399	100%	\$70,875,265	17%	\$68,076,073	96%
Gender								
Female	58,622	56%	58,622	100%	\$237,625,901	57%	\$219,979,437	93%
Male	45,167	44%	45,167	100%	\$177,116,130	43%	\$166,954,386	94%
Race								
White	45,116	43%	45,116	100%	\$206,695,351	50%	\$194,671,796	94%
Black	5,787	6%	5,787	100%	\$19,359,728	5%	\$18,090,424	93%
Hispanic	3,537	3%	3,537	100%	\$9,729,156	2%	\$9,090,526	93%
American Indian/Alaskan Native	39,183	38%	39,183	100%	\$150,529,300	36%	\$138,717,495	92%
Asian/Pacific Islander	5,560	5%	5,560	100%	\$15,134,118	4%	\$14,096,811	93%
Other/Unknown	4,606	4%	4,606	100%	\$13,294,378	3%	\$12,266,771	92%
Dual Status								
Aged Duals with Full Medicaid	5,754	6%	5,754	100%	\$65,256,949	16%	\$62,703,753	96%
Disabled Duals with Full Medicaid	3,850	4%	3,850	100%	\$46,374,761	11%	\$45,099,813	97%
Duals with Limited Medicaid	76	0%	76	100%	\$69,750	0%	\$64,666	93%
Other Duals	76	0%	76	100%	\$308,412	0%	\$280,704	91%
Disabled Non-Duals	6,233	6%	6,233	100%	\$97,995,651	24%	\$94,577,475	97%
All Other Non-Duals	87,800	85%	87,800	100%	\$204,736,508	49%	\$184,207,412	90%
Eligibility Group								
Aged	6,024	6%	6,024	100%	\$67,418,293	16%	\$65,032,469	96%
Disabled	10,408	10%	10,408	100%	\$147,389,770	36%	\$142,309,504	97%
Adults	25,548	25%	25,548	100%	\$72,516,655	17%	\$62,335,963	86%
Children	61,809	60%	61,809	100%	\$127,417,313	31%	\$117,255,887	92%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
ALASKA, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	103,789	11,968	12%	\$386,933,823	\$137,550,738	36%
Age						
0-3	17,772	204	1%	\$45,045,135	\$768,999	2%
4-5	7,309	336	5%	\$9,238,968	\$1,825,085	20%
6-12	23,935	2,686	11%	\$41,201,005	\$22,170,955	54%
13-18	14,913	2,422	16%	\$49,590,244	\$33,957,899	68%
19-21	3,956	374	9%	\$12,080,683	\$3,067,636	25%
22-44	22,745	4,006	18%	\$102,058,126	\$42,165,634	41%
45-64	6,759	1,501	22%	\$59,643,589	\$23,101,698	39%
65 and Older	6,399	439	7%	\$68,076,073	\$10,492,832	15%
Gender						
Female	58,622	6,842	12%	\$219,979,437	\$72,948,178	33%
Male	45,167	5,126	11%	\$166,954,386	\$64,602,560	39%
Race						
White	45,116	7,033	16%	\$194,671,796	\$78,418,460	40%
Black	5,787	667	12%	\$18,090,424	\$6,958,691	38%
Hispanic	3,537	298	8%	\$9,090,526	\$2,902,308	32%
American Indian/Alaskan Native	39,183	3,452	9%	\$138,717,495	\$44,235,117	32%
Asian/Pacific Islander	5,560	302	5%	\$14,096,811	\$2,843,605	20%
Other/Unknown	4,606	216	5%	\$12,266,771	\$2,192,557	18%
Dual Status						
Aged Duals with Full Medicaid	5,754	403	7%	\$62,703,753	\$8,957,904	14%
Disabled Duals with Full Medicaid	3,850	1,409	37%	\$45,099,813	\$19,949,400	44%
Duals with Limited Medicaid	76	1	1%	\$64,666	\$240	0%
Other Duals	76	15	20%	\$280,704	\$109,743	39%
Disabled Non-Duals	6,233	2,054	33%	\$94,577,475	\$43,751,888	46%
All Other Non-Duals	87,800	8,086	9%	\$184,207,412	\$64,781,563	35%
Eligibility Group						
Aged	6,024	409	7%	\$65,032,469	\$9,827,625	15%
Disabled	10,408	3,491	34%	\$142,309,504	\$64,209,442	45%
Adults	25,548	2,888	11%	\$62,335,963	\$16,099,546	26%
Children	61,809	5,180	8%	\$117,255,887	\$47,414,125	40%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
ALASKA, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	1,111	9%	76	1%	975	18%	60	14%
Major depression and affective psychoses	2,214	19%	589	10%	1,557	28%	68	15%
Other psychoses	198	2%	32	1%	116	2%	50	11%
Childhood psychoses	190	2%	110	2%	55	1%	25	6%
Neurotic & other depressive disorders	2,609	22%	886	15%	1,575	29%	148	34%
Personality disorders	128	1%	40	1%	87	2%	1	0%
Other mental disorders	167	1%	49	1%	88	2%	30	7%
Special symptoms or syndromes	317	3%	137	2%	163	3%	17	4%
Stress & adjustment reactions	2,540	21%	1,700	28%	809	15%	31	7%
Conduct disorders	462	4%	415	7%	42	1%	5	1%
Emotional disturbances	483	4%	482	8%	1	0%	0	0%
Hyperkinetic syndrome	1,546	13%	1,505	25%	39	1%	2	0%
No Diagnosis	3	0%	1	0%	0	0%	2	0%
Total	11,968	100%	6,022	100%	5,507	100%	439	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND LENGTH OF STAY FOR MEDICAID FFS
MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
ALASKA, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	1	2	0	0	1	1%	2	22	23%	4
	4-5	1	21	0	0	1	1%	21	3	2%	3
	6-12	53	85	4	17	54	6%	84	17	2%	10
	13-18	243	85	55	7	268	24%	79	76	7%	4
	19-21	10	8	7	9	16	7%	9	54	23%	4
	22-44	1	113	102	10	103	3%	11	529	18%	5
	45-64	0	0	27	11	27	3%	11	192	19%	7
	65+	4	8	4	12	7	2%	12	87	27%	1
	All Ages	313	81	199	9	477	7%	57	980	14%	5
Male	0-3	2	16	0	0	2	2%	16	21	19%	6
	4-5	10	19	0	0	10	5%	19	5	2%	2
	6-12	147	66	11	8	151	9%	65	27	2%	11
	13-18	264	92	33	8	281	22%	88	47	4%	10
	19-21	17	11	2	3	19	14%	10	8	6%	5
	22-44	0	0	40	7	40	4%	7	114	11%	4
	45-64	0	0	11	14	11	2%	14	93	19%	7
	65+	3	0	0	0	3	3%	0	26	23%	2
	All Ages	443	78	97	8	517	10%	68	341	7%	6
Total	0-3	3	11	0	0	3	1%	11	43	21%	5
	4-5	11	19	0	0	11	3%	19	8	2%	3
	6-12	200	71	15	10	205	8%	70	44	2%	10
	13-18	507	89	88	7	549	23%	83	123	5%	6
	19-21	27	10	9	8	35	9%	10	62	17%	4
	22-44	1	113	142	9	143	4%	10	643	16%	4
	45-64	0	0	38	12	38	3%	12	285	19%	7
	65+	7	5	4	12	10	2%	8	113	26%	1
	All Ages	756	79	296	9	994	8%	63	1,321	11%	5

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
ALASKA, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	57	59%	0.49	2.26	2.75	2,254	26%	1.90
	4-5	39	32%	0.00	1.49	1.49	605	17%	1.48
	6-12	235	24%	0.20	1.51	1.71	1,348	13%	1.39
	13-18	389	35%	0.49	1.87	2.36	1,054	17%	1.69
	19-21	123	52%	0.24	2.79	3.02	775	29%	2.12
	22-44	1,659	56%	0.49	3.31	3.80	3,560	26%	2.20
	45-64	642	63%	0.54	3.51	4.05	1,009	36%	2.70
	65+	214	66%	0.37	3.33	3.71	1,559	42%	2.62
	All Ages	3,358	49%	0.46	3.00	3.46	12,164	23%	2.06
Male	0-3	63	58%	0.81	2.44	3.25	2,597	29%	1.99
	4-5	71	33%	1.13	1.59	2.72	648	19%	1.54
	6-12	422	24%	0.42	1.41	1.84	1,384	13%	1.39
	13-18	375	29%	0.58	1.46	2.05	874	14%	1.50
	19-21	63	46%	0.71	2.70	3.41	163	18%	1.90
	22-44	543	52%	0.86	2.64	3.49	1,149	22%	2.28
	45-64	253	52%	0.66	3.09	3.74	676	27%	2.58
	65+	64	57%	0.31	2.86	3.17	718	32%	2.27
	All Ages	1,854	36%	0.66	2.15	2.81	8,209	21%	1.91
Total	0-3	120	59%	0.66	2.36	3.02	4,851	28%	1.95
	4-5	110	33%	0.73	1.55	2.28	1,253	18%	1.51
	6-12	657	24%	0.34	1.45	1.79	2,732	13%	1.39
	13-18	764	32%	0.53	1.67	2.20	1,928	15%	1.60
	19-21	186	50%	0.40	2.76	3.16	938	26%	2.08
	22-44	2,202	55%	0.58	3.15	3.72	4,709	25%	2.22
	45-64	895	60%	0.57	3.39	3.96	1,685	32%	2.65
	65+	278	63%	0.36	3.22	3.58	2,277	38%	2.51
	All Ages	5,212	44%	0.53	2.70	3.22	20,373	22%	2.00

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
ALASKA, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	291	2%	23	11%	268	2%
4-5	225	3%	105	31%	120	2%
6-12	1,787	7%	1,287	48%	500	2%
13-18	1,567	11%	1,172	48%	395	3%
19-21	437	11%	241	64%	196	5%
22-44	5,683	25%	3,134	78%	2,549	14%
45-64	2,863	42%	1,308	87%	1,555	30%
65+	1,914	30%	346	79%	1,568	26%
All Ages	14,767	14%	7,616	64%	7,151	8%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ALASKA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	76	30%	55%	34%	12%	5%	38%	24%
Major depression and affective psychoses	589	51%	21%	13%	5%	13%	29%	17%
Other psychoses	32	22%	59%	6%	3%	3%	28%	19%
Childhood psychoses	110	25%	25%	16%	1%	18%	26%	26%
Neurotic & other depressive disorders	886	38%	7%	8%	1%	11%	15%	27%
Personality disorders	40	25%	28%	8%	18%	20%	23%	18%
Other mental disorders	49	10%	4%	6%	4%	8%	10%	43%
Special symptoms or syndromes	137	12%	4%	7%	0%	2%	2%	53%
Stress & adjustment reactions	1,700	16%	5%	5%	1%	9%	8%	39%
Conduct disorders	415	17%	8%	4%	2%	11%	10%	38%
Emotional disturbances	482	18%	8%	5%	2%	12%	12%	39%
Hyperkinetic syndrome	1,505	21%	6%	5%	1%	73%	21%	9%
No Diagnosis	1	0%	0%	0%	0%	0%	0%	0%
Total	6,022	24%	9%	7%	2%	26%	16%	53%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ALASKA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	975	45%	86%	39%	9%	1%	62%	4%
Major depression and affective psychoses	1,557	78%	30%	54%	10%	3%	59%	8%
Other psychoses	116	45%	71%	44%	1%	1%	56%	9%
Childhood psychoses	55	33%	33%	51%	0%	4%	33%	22%
Neurotic & other depressive disorders	1,575	66%	11%	51%	1%	2%	42%	15%
Personality disorders	87	61%	26%	47%	5%	2%	46%	16%
Other mental disorders	88	45%	20%	39%	0%	0%	33%	28%
Special symptoms or syndromes	163	38%	13%	45%	1%	1%	31%	36%
Stress & adjustment reactions	809	49%	12%	37%	1%	1%	31%	29%
Conduct disorders	42	40%	38%	45%	2%	2%	38%	17%
Emotional disturbances	1	100%	0%	100%	0%	0%	100%	0%
Hyperkinetic syndrome	39	62%	10%	38%	0%	62%	62%	18%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	5,507	61%	32%	47%	5%	2%	49%	19%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ALASKA, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	60	47%	75%	43%	2%	3%	55%	7%
Major depression and affective psychoses	68	72%	34%	57%	7%	0%	63%	10%
Other psychoses	50	38%	32%	34%	0%	0%	34%	24%
Childhood psychoses	25	48%	20%	40%	0%	0%	32%	28%
Neurotic & other depressive disorders	148	66%	11%	55%	1%	4%	49%	14%
Personality disorders	1	0%	0%	0%	0%	0%	0%	0%
Other mental disorders	30	43%	40%	37%	0%	0%	40%	30%
Special symptoms or syndromes	17	47%	24%	59%	0%	0%	41%	12%
Stress & adjustment reactions	31	48%	16%	45%	0%	3%	39%	29%
Conduct disorders	5	20%	20%	40%	0%	0%	20%	40%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	2	100%	0%	100%	0%	0%	100%	0%
No Diagnosis	2	0%	100%	50%	0%	0%	50%	0%
Total	439	56%	29%	49%	2%	2%	47%	21%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).